

Borough of



Rawtenstall.

Annual Report

FOR 1896

OF

Medical Officer of Health

AND

Nuisance Inspector.

JAMES WHALLEY,

TOWN CLERK.

CRAWSHAWBOOTH :

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ANNUAL REPORT
FOR 1896, OF
MEDICAL OFFICER OF HEALTH
AND
NUISANCE INSPECTOR.

MEDICAL OFFICER'S REPORT.

HEALTH DEPARTMENT,
RAWTENSTALL, *January 6th, 1897.*

*To the Members of the Town Council of the Borough
of Rawtenstall.*

GENTLEMEN,—

The area of the Borough is 9,528 acres, and the population at the last census 29,507, 262 of whom are in the workhouse.

During the year the deaths have amounted to 599, (77 of them in the Workhouse), and the births to 800, which gives a natural increase of 201 for the year. Of the 77

deaths in the Workhouse, 52 were persons not belonging to the Borough, and excluding these, the death rate for 1896 (estimating the population at 30,000) is 18·2 per 1,000, as compared with 18·3 in 1895.

The births comprise 388 males and 412 females, 800 in all, 76 less than in the last year, giving an annual rate of 26·6 per 1,000 for the year as compared with 29·2 for 1895 and 25·9 for 1894. According to the returns of the Registrar General the general birth rate of England for 1895, was 30·3, and I notice in the admirable report of the County Medical Officer for last year, that the birth rate of manufacturing populations similar to ours is in most cases very much larger than with us.

Infant Mortality.

The total number of deaths below one year of age during 1896 was 141. Of these, two were in the Workhouse, and were infants from outside the Borough. Deducting these we have still 139 which gives an *infant mortality for the year of 173·7 per 1,000 born* as compared with 152 in 1895.

On looking over the causes of this heavy mortality I find that 17 deaths are reported as due to immaturity at birth, 17 to convulsions, 20 to gastro-enteritis, 11 to diarrhoea, and 5 to atrophy or marasmus. The five deaths reported as due to atrophy in all probability owed their origin also to gastro-enteritis, so that we have 36 cases occurring from disorders of the intestinal tract alone. How many of the cases of convulsions were also due to gastro-intestinal irritation it is impossible to say, but probably a large proportion. Many deaths were due to bronchitis, but this

disease again, frequently enough, is only the last and death-producing ailment in children weakened by gastro-intestinal troubles.

In my last report I drew attention to the ignorance of the art of infant feeding amongst our population, and to the large number of children artificially fed. The mortality this year further emphasises the enormous annual loss due chiefly, in my opinion, to artificial feeding, carelessly or ignorantly conducted. I have in one of my monthly reports asked you to request the medical men in the Borough to kindly state on the death certificates of children below one year of age whether they were artificially fed or not, and I hope another year to be able to furnish you with more definite information on this point.

The chief errors in infant feeding are three, (1) Resorting to infant foods, sago, bread sops, and the like, before the child is able to digest them properly. With few exceptions a resort should never be had to any food but milk, suitably diluted, before the age of six months. (2) Ill suited bottles, with long tubes attached, and teats which are structurally very difficult to clean, and generally not sufficiently often renewed. Any kind of bottle such as a soda water or beer bottle, or an old medicine bottle seems to be thought good enough by some. A good feeding bottle should be oval in shape flattened in form, open at both ends, so that it can be washed out at the tap, and provided only with a teat at the one end and a perforated rubber cork at the other. (3) Preparing too large a quantity of food at once, so that much of it sours and ferments before it is taken. A child below six months old should not have more than four to six table-spoonfuls of food at a time, and should be fed with great regularity, only every two hours.

Another fruitful source of mischief following on artificial feeding is the carrying out from home of children in the cold air of the early morning to be nursed elsewhere during the day and then taken back at night. Debilitated children readily catch cold, and their bronchial troubles often bring about the end begun by evil habits of feeding. It is beyond my province to enter on the economic part of the subject, but it seems to me very questionable where the gain comes in after the nurse is paid, the artificial food provided and the cost of increased sickness.

With regard to the number of premature births I am not in a position to say what direct influence the employment of pregnant women in factories has had upon it, but there is no doubt that many weak women do attend to their work long after the time when a due consideration for their offspring should induce them to stay at home.

The total number of deaths below five years of age was 201. Deducting two strangers in the Workhouse we have 199, equal to an annual rate of 6·6 per 1,000, exactly the same as last year. The proportion of deaths below five years of age to the total reaches the high figure of 32·7 per cent.

The Seven Principal Zymotic Diseases :—
 viz : small-pox, measles, scarlet fever, diphtheria, whooping cough, enteric and continued fever, and diarrhœa, caused altogether 67 deaths. Four of these occurred in the Workhouse in persons not belonging to the Borough. Excluding these the total *Zymotic rate is equal to 2·1 per 1,000*. Excluding diarrhœa, which, as it occurs and is registered here, is rarely of a zymotic kind, the mortality equals 1·63 per

1,000, as compared with 1·97 for 1895, 1·8 for 1894, and 3·3 for 1893.

Small-pox has been entirely absent during the year 1896.

Scarlet Fever.—Ninety-seven cases of this disease were notified during the year, (as compared with 225 in 1895) viz:—16 in January, 4 in February, 4 in March, 3 in April, 2 in May, 1 in June, 3 in July, 6 in August, 7 in September, 23 in October, 6 in November, and 22 in December. These figures show that the disease had nearly died out in June and July. In August however two instances of importation from outside were distinctly traced, and as there is a good deal of going away during that month, probably others were so caused, though the connection was not traceable. In September a case occurred at Goodshaw-Fold, in the person of a boy who had been away and just returned home. He was removed during the course of the disease to his grand-parents, and was supposed to be quite free from infection on his return home. That unfortunately proved to be an error, for within a fortnight, two neighbouring families, known to have been in contact with him, became affected, and from them the disease has continued to spread in that district ever since. One series of cases occurred in a small shop, and the mother of the children both waited on them and the shop, so that a ready means of spreading the infection was provided.

Two practical deductions may be drawn from these facts, the one that the authority itself should see to the thorough disinfection by steam of all clothing, bedding, &c., in every case of scarlet fever, the other that cases occurring in shops, farm houses, &c., should be removed and isolated.

A series of cases at considerable intervals were reported in children attending St. Mary's Church School, and from these the seven reported in the Workhouse no doubt arose. Great precautions were taken at the School to prevent the attendance of children from infected families, but, I have reason to think, some who had had no medical attendant in the earlier cases returned to School too early and carried the infection. In this connection it may be pointed out to parents that it is their duty to notify to the authorities when any disease of an infectious nature occurs in the family, whether they have a medical attendant or not, and that it is a criminal offence to send children back to School after a suspected infectious disease before they have had time to get rid of the infection. It is very difficult to trace the connection definitely but it seems to me most probable that the spread of all the zymotic diseases is very largely produced through want of such precautions.

The mortality in Scarlatina has fortunately been small—only 5 deaths being attributed to this cause as compared with 8 in 1895.

Diphtheria.—Thirty-two cases of diphtheria have been notified as compared with 49 in 1895, and of these 4 died. A few notified as diphtheria subsequently proved to be scarlet fever, and a few more were so associated with scarlet fever that they probably owed their origin to that cause. The majority were single cases, only in two or three instances have as many as two members of a family been affected, and in no case that I am aware of has infection been directly spread to other members of the family, or neighbouring children. The source of infection was in most cases not traceable. Three occurred in back to back houses at

Cawl-Terrace, the sanitary defects of which were pointed out and were subsequently reported on by the Surveyor, but I believe are still unremedied. Two cases at Scout were probably due to water polluted directly by sewage from the Kennels. In other instances sanitary defects existed, but no direct connection with the production of the diphtheria seemed probable. The deaths from diphtheria were 4 as compared with 9 in 1895, and 17 in 1894.

Six cases of **Membranous Croup** were notified, and 3 of these died.

Typhoid Fever.—Twenty eight cases of enteric fever and 3 of continued fever were reported as compared with 21 in 1895. The mortality from these diseases has been 4, one more than in 1895. One of these occurred in the Workhouse in a person not belonging to the Borough.

Five cases were the last of the members of the Ashworth family at Clough-Fold. The origin of these was fully dealt with in the last annual report. A second series of five cases at Waterfoot were traceable to infected milk, derived from a farm in the Bacup Borough where the disease existed. Two were in Union Street, Rawtenstall, in houses whose drainage and sanitary arrangements were most defective. Three were at Annis View, Lumb, where the water was polluted and the closet arrangements bad. Several occurred at Goodshaw from scanty and polluted water. The other cases were of a sporadic and isolated character. Some of these were probably due to infected ingesta obtained while away on a holiday.

The cases illustrate very well the various sources from which typhoid springs. I shall have occasion later to draw

your attention specially to the milk and water supply as influencing the production of this and other infectious diseases.

Measles.—The year 1896 has been marked by a most widely-spread epidemic of measles. It originated apparently at Clough-Fold, and spread thence to Waterfoot and Rawtenstall, and finally invaded all the schools in the Crawshawbooth valley. I recommended the closure of the Infant Department of the Thornfield school, and Goodshaw school, but in several other cases the children had been already exposed so much to infection before any communication was made to me that I thought it useless to close. The managers of the Constablelee school closed on their own account, but the disease had obtained a complete hold of the Wesleyan and Goodshaw schools before I was aware of its existence there. As this disease is not notifiable it would, as I pointed out in my monthly reports, be a great assistance if the Schoolmasters or School Attendance Officer would furnish the Sanitary Authority with early intimation of its presence. It is no use waiting till every child in the school has been exposed to the infection and then asking for steps to be taken. Closing a school can only be useful at a period before one-third of the children have become affected.

The mortality has been 24 as compared with 5 in 1895, and considering the hundreds of children affected the epidemic may be said to have been very mild.

Whooping Cough has been very prevalent in every part of the Borough throughout the year, but the mortality has been considerably less than in 1895, only 8 deaths being recorded in the Borough, as compared with 15 for last year. I took occasion in my last Annual Report to draw attention to the dangerous character of this disease

in young children. The mortality this year shows that seven deaths occurred from this cause in children below five years of age, and one above that age, giving a total of eight, but one below that of the number of deaths from both scarlet-fever and diphtheria combined. Greater care should be taken to isolate sufferers so as to prevent the spread of the disease to others, and young children especially should be carefully kept from exposure to cold, and in rooms warmed both night and day.

Diarrhœa was the cause of 15 deaths in the Borough, and two in the Workhouse, as compared with 23 in 1895. Eleven of these were in children below five years of age. Diarrhœa is only a symptom, not a disease, and a great number of the cases that would at one time have been included under this head, are now more properly certified as due to gastro-enteritis.

Respiratory Diseases.—Excluding the deaths of 13 persons in the Workhouse not belonging the Borough, the total number of deaths from bronchitis, pleurisy, and pneumonia is 123, giving an annual rate of 4·1 per 1000, as compared with 5·4 in 1895. Only one death is certified as due to influenza, but the disease has been widely prevalent during the last two months throughout the district.

Phthisis caused 40 deaths in persons belonging the Borough, and there were 10 of outsiders in the Workhouse. I have included under this head several cases which were certified as general tuberculosis. The death-rate for 1896 was 1·3 per 1000 (1895 1·36, 1894 1·16.) This, curiously enough, is exactly the same as the County rate for 1895, whilst that of the country generally was 1·6 during the quinquennium 1886-1890. I have reason to think that the

mortality under this head is rather understated, owing to the number of people insured, as the payment of the money due at death is largely affected when phthisis is recorded. Besides the 40 deaths from phthisis, there were recorded 14 from tubercular meningitis, 1 from tubercular disease of spine, and 1 from tubercular diarrhœa. I have gone through the causes of death carefully in order to arrive at the total mortality from tuberculosis in the Borough. Including these cases, the figure only reaches 1·8 per 1000, which, for a manufacturing district, may be considered very favourable.

No steps have hitherto been taken to thoroughly disinfect the rooms and clothing of persons dying of phthisis, but in view of the known infectious character of the disease, I think it desirable that in every case the paper should be stripped off the walls of the infected rooms, and the clothing thoroughly disinfected. Persons suffering from phthisis should also be given a bedroom to themselves wherever possible, and all expectoration should be into some disinfecting fluid, such as Izal Solution, or into cloths which are immediately burnt.

Disinfection and Isolation.—During the latter part of the year Izal Solution has, at my recommendation, been substituted for carbolic preparations as a disinfecting agent. A supply of it, with full instructions for use, has been given to all infected houses, and soloids of perchloride of mercury have been used to disinfect the excreta of typhoid cases. Every case of infectious disease has been inquired into. I have personally investigated a great number, written to the heads of schools affected, and often visited the schools, and done all that is possible to prevent the

further spread of infection. At my recommendation, the steam disinfecting apparatus has been brought into requisition for the clothing and bedding of scarlet-fever cases. This, I hope, will be systematically carried out in future. The history of the present epidemic points strongly to the origin from imported cases during the summer months, when visiting is so frequent. Several *foci* of disease thus introduced were definitely traced, and probably others existed. It is only by rigid destruction or disinfection of everything coming in contact with the patient that this kind of thing can be arrested.

As regards isolation, we are still in the unfortunate position of having no hospital accommodation, except for small-pox. As we join up to two Boroughs where no hospital accommodation exists, and isolation is not carried out in anything but small-pox, it would be practically useless having a hospital for ourselves only. The most reasonable proposition would be for the three Boroughs adjoining, whose people so intimately communicate with each other, to combine for hospital purposes. It seems to me that in that way, at no great burden on the whole, a sufficient hospital could be maintained with a small but efficient nursing staff. The need for some such provision is brought prominently before me almost daily. Take, for instance, those cases of scarlet-fever occurring in business places, where the sick nurse is also shop attendant; others where diphtheria, as happened in one case this year, is introduced into a household by an outsider; and again, particularly the example of typhoid fever in a small over-crowded house, where any means of isolating the sick and sick attendant from the rest of the family is impossible, and the disease spreads in a slow lingering way till every

member of the family has had it. The preventable suffering and loss inflicted upon these families is so enormous that, I think, the three authorities are morally bound to find a speedy remedy. I know that efforts to effect a combination have already been made, and I regret that no compulsory powers exist to bring about this very desirable object.

Scavenging, Sewerage, &c.—Considerable progress has been made with the joint sewerage works, and there seems to be a prospect shortly that, at all events, the completed main sewers will be open, and connections put in. The present by-law compelling but one closet to be provided for three houses in old property, I have found, in several instances where large families occupy each domicile, to be insufficient. The result is that the pails soon become disgustingly full, or overflow, or the occupants are obliged to empty their utensils where they can. I have, in the interim reports, drawn your attention to the habit of emptying urine and other excreta into ashpits. I would suggest that handbills drawing attention to this objectionable practice be freely distributed.

The scavenging has, on the whole, been well carried out, perhaps as well as is possible in a scattered district like ours.

A great many old-fashioned privies, or series of privies connected with cess-pools, still exist. These, where creating a nuisance, I have had, in several instances, converted into pail closets, and, when the new sewers admit of it, shall recommend their speedy conversion into water closets.

Water-Supply.—The private water-supplies of the

district were, of course, much affected by the prolonged drought in the summer. There was great scarcity in some parts, but only in one instance, that of an outbreak of typhoid-fever at Goodshaw Chapel, could any direct incidence of disease be traced to the effect of the drought. The particulars of that case were brought before you at the time.

The general water-supply, that of the Bury Corporation, has shown some improvement during the year, but there is still ample room for better filtration at the reservoirs.

I have, in interim reports, drawn your attention particularly to instances of typhoid-fever and diphtheria attributable to pollution of local supplies to blocks of houses. The number of these local supplies is very considerable, and the proportion of the population supplied by them so great, that it seems to me necessary that a systematic inspection of the source of supply, the means of conveyance, and the storage cisterns should be carried out. In most cases the water is originally of great purity, but the carriage of it is often exceedingly faulty, as in the case reported at Scout, where stone channels, open to percolation, ran past sources of the most filthy pollution. In other cases the cisterns are of very faulty construction, and so situated that cattle droppings and manure are readily carried into them. Repeated and most convincing examples of the production of typhoid by this kind of thing have happened here, and it is scarcely necessary to remind you that in so-called milk epidemics it is the water supply which is often primarily at fault. There is nothing in the sanitary condition of the Borough which is so urgently in need of investigation and reformation.

Milk Supply.—Anything like proper supervision of the milk-shops and dairies is impossible with our present staff, but in view of the enormous effect produced by the contamination of milk in the dairy on the health of the population, and particularly in view of the large infant mortality from which we suffer, it is very plain that some steps should be taken to carry out effective supervision.

I have during the year made a systematic inspection of many parts of the district, and, through the Sanitary Inspector, drawn your attention to the things at present remediable. There is still much to be done, particularly as regards the closet, ashpit, and sewerage arrangements, but until our sewerage is completed, it is impossible to effect any extensive improvement,

I have inspected the **Bake-houses** and **Common Lodging-houses**. With regard to the former, all comply with the sanitary requirements of the Act, but many of the older ones are so badly situated, or so structurally imperfect that it is high time they were replaced by newer and better constructed buildings. Some of the newer ones are almost perfect in their arrangements, but a little more attention to cleanliness in the manufacture of articles of food is urgently required.

Appended are statistics, in tabular form, which give details of deaths from other causes than those here commented on, and full returns of the whole of the infectious diseases notified.

I am, Gentlemen,

Your obedient servant,

JAMES McNAUGHT, M.D.

TABLE A.

TABLE OF DEATHS during the Year 1896, in the Borough of Rawtenstall,
classified according to DISEASES, AGES, and LOCALITIES.

| | MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES. | | | | | | | MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE. | | | | | | | | | | | | | | | | |
|--|--|---------------|---------------|----------------|-----------------|-----------------|----------------|--|-------------|-------------|----------------------|------------------------|------------|----------|--------------------|-----------------------------|---------------------|------------|--|-------------------|-----------|------------------------|--------|-----|
| | At all ages. | Under 1 year. | 1 and under 5 | 5 and under 15 | 15 and under 25 | 25 and under 65 | 65 and upwards | | Scarlatina. | Diphtheria. | Membranous Croup. | FEVERS | | Measles. | Whooping Cough. | Diarrhoea and Dysentery. | Rheumatic Fever. | Phtthisis. | Bronchitis, Pneumonia, and Pleurisy. | Heart Disease. | Injuries. | All other Diseases. | Total. | |
| | | | | | | | | | | | | Enteric or Typhoid. | Puerperal. | | | | | | | | | | | |
| Borough..... | 522 | 139 | 60 | 24 | 23 | 173 | 103 | Under 5 5 upwds | 2 | 3 | 2 | 1 | 1 | 23 | 7 | 11 | 2 | 2 | 2 | 39 | 1 | 4 | 104 | 199 |
| Workhouse | 77 | 2 | .. | .. | 3 | 45 | 27 | Under 5 5 upwds | .. | .. | .. | .. | .. | .. | 1 | 2 | .. | .. | 15 | 14 | 8 | 1 | 34 | 75 |
| Deaths occurring within the District among persons not belonging thereto ..) | 52 | 2 | .. | .. | 2 | 26 | 22 | Under 5 5 upwds | .. | .. | .. | 1 | .. | .. | 1 | 2 | .. | .. | 10 | 13 | 4 | .. | 20 | 50 |

TABLe B.

TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS,
 coming to the knowledge of the Medical Officer of Health during the year 1896, in the
 Borough of Rawtenstall, classified according to DISEASES, AGES, and LOCALITIES.

| | POPULATION AT ALL AGES. | | Registered Births. | Aged under 5 or over 5. | NEW CASES OF SICKNESS COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH. | | | | | | |
|----------------|----------------------------|------------------------------------|-----------------------|----------------------------------|---|-------------|----------------------|---------------------------------|------------|------------|-------------|
| | Census 1891. | Estimated to middle of 1896. | | | Scarlatina. | Diphtheria. | Membranous Group. | Enteric or Typhoid Fever. | Continued. | Puerperal. | Erysipelas. |
| Borough | 29,507 | 30,000 | 800 | Under 5 5 upwards | 31 | 13 | 4 | 5 | 1 | 6 | 35 |
| Workhouse..... | 262 | .. | | | 59 | 19 | 2 | 23 | 2 | .. | .. |

NUISANCE INSPECTOR'S REPORT

FOR 1896.

Number of nuisances reported, 167 ; representing 483 houses and premises ; notices served for abatement of nuisances, 185.

Work Accomplished : New closets erected, 13 ; closets reconstructed on the pail system, 125 ; closets repaired, 3 ; closets provided with new pails, 2 ; dirty closets cleaned, &c. 19 ; total 162. New ashpits erected, 1 ; ashpits repaired, 28 ; ashtins and tubs provided, 18 ; total 47. New drains laid, 8 ; drains cleaned out, repaired, &c., 27 ; drains trapped 182 ; total 217. Slopstone pipes disconnected from drains, 181 ; slopstone pipes trapped, 44 ; total 225. Eaves and down troughs repaired, 5 ; urinals drained and repaired, 2 ; yards repaired, 5 ; dirty houses fumigated, cleaned, &c., 2 ; water removed from flooded cellars, 1 ; manure middens removed, 1 ; greengrocers refuse, fish, &c., removed, 1 ; dangerous stable wall rebuilt, 1 ; total 18.

Proceedings were taken in six cases. At the first hearing each case was adjourned to give the defendants an opportunity to carry out the work required to abate the nuisances, and afterwards was withdrawn on the completion of the work and payment of costs. Total costs £2 9s. 0d.

Infectious Diseases : Cases of infectious diseases visited and supplied with disinfectants, 169 ; houses disinfected after infectious cases, 12 ; bedding removed to hospital and

disinfected, 11 ; common lodging houses visited and inspected, 4 ; caravans visited attending fairs, 56 ; Slaughter-houses visited and inspected, 34 ; tripe dressing and boiling premises visited and inspected, 4.

Only one sample of water has been submitted to the Borough Analyst for Analysis, this was said to be of good quality but was polluted with surface drainage.

Scavenging work done : Number of excreta pails emptied, 195,457 ; number of excreta tanks emptied, 570 ; number of ashtubs emptied, 77,877 ; number of ashpits emptied, 5,945 ; number of loads of ashes, excreta, &c., removed, 14,862.

Lamp lighting : Inspections have been made of the condition of the lights within the Borough, and visits to see to the lighting and extinguishing of the lamps at the proper time.

Fairs : Inspections of the fairs at Crawshawbooth, Rawtenstall, and Newchurch, and the collection of the tolls at the same.

Contagious Diseases (Animals) Acts : Under the above two cases of suspected Rabies were reported during the year viz : January 3rd, dog at Caleb Nuttall's, Rawtenstall, a post-mortem examination was made by Mr. Edmondson, and he stated that in his opinion the dog had suffered from epilepsy.

May 27th, a Fox terrier dog belonging to Walter Maden, of Newchurch. In this case a post-mortem was held by Mr. Edmondson, and he stated that the dog was perfectly healthy, and had probably had a fit when it was killed.

Five cases of suspected Swine Fever were reported during the year, and four post-mortem examinations were made by your Veterinary Inspector, Mr. Edmondson.

The cases occurred as follows :

February 10th, Pig at R. Ashworth's, Spring Terrace, Rawtenstall, post-mortem held and certified to have died from blood-poisoning.

April 8th, Pigs belonging to G. H. Barnes, Bridleway, Newchurch, post-mortem held on one carcase, and found to have died from Swine Fever, reported to the Board of Agriculture, London, in this case three pigs had died and one was slaughtered by order of the Bord of Agriculture.

June 22nd, Pig reported belonging to James Taylor, of Collinsfold, Constablelee, was seen by Mr. Edmondson, and myself, and was not considered to have Swine Fever (this soon recovered).

August 29th, Pig reported belonging to Wm. C. Bennett, Lumb, post-mortem made on carcase and was found to have died from enteritis.

September 22nd, Four pigs reported belonging to James Ormerod, Short Clough, Crawshawbooth, two of these pigs died, and on being examined were found to be bad cases of Swine Fever, these were reported to the Board of Agriculture, London, by whose orders the other two were slaughtered and buried.

GEORGE RAWLING,

SANITARY INSPECTOR.

